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**MAY 29 2008**

**OFFICE OF PETITIONS**

In re Application of :  
Javier MARTI SENDRA et al. :  
Application No. 10/524,273 :  
Filed: August 11, 2005 :  
Attorney Docket No. 027318-00007 :

**DECISION ON PETITION**

This is a decision on the petition under 37 CFR 1.137(b), filed April 03, 2008, to revive the above-identified application.

The petition is **GRANTED**.

The application became abandoned for failure to reply in a timely manner to the non-final Office action mailed, July 09, 2007, which set a shortened statutory period for reply of three (3) months. No extensions of time under the provisions of 37 CFR 1.136(a) was obtained. Accordingly, the application became abandoned on October 10, 2007.

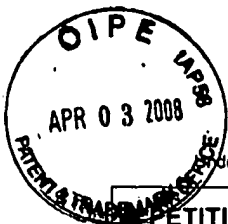
The petition satisfies the conditions for revival pursuant to the provisions of 37 CFR 1.137(b) in that (1) the reply in the form of an amendment w/replacement drawings; (2) the petition fee \$1,540.00; and (3) the required statement of unintentional delay have been received. Accordingly, the reply to the non-final Office action of July 09, 2007 is accepted as having been unintentionally delayed.

An extension of time under 37 CFR 1.136 must be filed prior to the expiration of the maximum extendable period for reply. See In re Application of S., 8 USPQ2d 1630, 1631 (Comm'r Pats. 1988). Since the \$1,050.00 extension of time fee submitted with the petition on April 03, 2008 was subsequent to the maximum extendable period for reply, this fee is unnecessary and will be credited to petitioner's deposit account.

Telephone inquiries concerning this decision should be directed to the undersigned at (571) 272-4231.

The application file is being referred to Technology Center AU 2874 for appropriate action on the concurrently filed amendment.

Michelle R. Eason  
Paralegal Specialist  
Office of Petitions



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> 027318-00007	
Application Number <u>10/524273</u>		Filed August 11, 2005	
For COUPLING SYSTEM BETWEEN DIELECTRIC OPTICAL GUIDES AND PLANAR PHOTONIC CRYSTAL GUIDES			
Art Unit 2874		Examiner Omar R. Rojas	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Refund Ref: 05/28/2008 0030056154	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		Credit Card Refund Total: \$1050.00	
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		Adjustment date: 05/28/2008 CKHLOK	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		04/04/2008 AWONDAF1 00000019 10524273	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-2300</u> .		01 FC:1253 -1050.00 OP	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,478</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____ Signature		_____ Date	
Tarik M. Nabi Typed or printed name		April 3, 2008 202-857-6000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		04/04/2008 AWONDAF1 00000019 10524273	
		01 FC:1253 1850.00 OP	

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>5-27-88</u>		2 Serial/Patent # <u>10/524273</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$ 4-3-83 1,050.00
<input checked="" type="checkbox"/> Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ 1,050.00 - 0.00 = 0.00	
10 REASON:		8 TO BE REFUNDED BY:	
Overpayment		<input type="checkbox"/> Treasury Check	
Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		01 -- 2300	
<p align="center"><i>Maximum time extendable time has expired</i></p>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Michelle Faxon</u>		TITLE: <u>Paralegal</u> Petitions Examiner	
SIGNATURE: <u>Michelle R. Faxon</u>		PHONE: <u>571-272-4231</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>OK</u>		DATE: <u>5/28/88</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B